

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEES DETERMINATION | W | 7034 | 10-25-99 |
| O.I.P.E. CLASSIFIER | | 16 | 102999 |
| FORMALITY REVIEW | W | 7234 | 11-9-99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final Original | Date |
|-------|-------------------|---------|
| 1 | ✓ | 9/23/99 |
| 2 | ✓ | 9/23/99 |
| 3 | | |
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| 8 | ✓✓ | |
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| 10 | ✓ | |
| 11 | ✓ | |
| 12 | ✓ | |
| 13 | ✓ | |
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| 15 | ✓✓ | |
| 16 | | |
| 17 | ✓ | |
| 18 | ✓✓ | |
| 19 | ✓✓ | |
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| 30 | ✓ | |
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| 33 | ✓✓ | |
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| 37 | ✓✓ | |
| 38 | ✓ | |
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| 42 | ✓ | |
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| 44 | ✓✓ | |
| 45 | ✓ | |
| 46 | ✓ | |
| 47 | ✓ | |
| 48 | | |
| 49 | ✓ | |
| 50 | ✓✓ | |

| Claim | Final Original | Date |
|-------|-------------------|---------|
| 51 | ✓ | 9/23/99 |
| 52 | ✓ | 9/23/99 |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here